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OCT 18 2007

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## FACSIMILE TRANSMITTAL

## TO:

Name: Mail Stop AMENDMENT  
Group Art Unit 2623  
Examiner Michael P. Van Handel

## FROM:

Name: Amedeo F. Ferraro, Esq.

Firm: U.S. Patent &amp; Trademark Office

Phone No.: 310-286-9800

Fax No.: 571-273-8300

No. of Pages (including this): 12

Subject: U.S. Patent Application No. 09/921,096  
Kevin P. Headings et al.

Date: October 18, 2007

Filed: July 31, 2001

Confirmation Copy to Follow: NO

CONTENT DISTRIBUTION SYSTEM

Attorney Docket No. 108.0009-00000

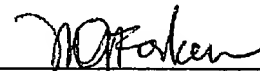
Customer No. 22882

Confirmation No.: 6782

## Message:

## CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; the total amount of \$1,050.00 to cover the three (3)-month extension fee to be charged to Deposit Account No. 50-1068) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on October 18, 2007.



Miyabi Grace Forker

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FORM PTO-1083

Attorney Docket No.: 108.0009-00000  
Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kevin P. Headings et al.

Serial No: 09/921,096

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Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated April 19, 2007 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a three (3)-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	39	-	39 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	5	-	5 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ The total amount of \$1,050.00 to cover the three (3)-month extension fee is to be charged to Deposit Account No. 50-1068.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN &amp; FERRARO, LLP

Date: October 18, 2007

By: 

Amedeo F. Ferraro

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